

# What I need to know about Colon Polyps



National Institute of  
Diabetes and Digestive  
and Kidney Diseases

National Digestive Diseases  
Information Clearinghouse



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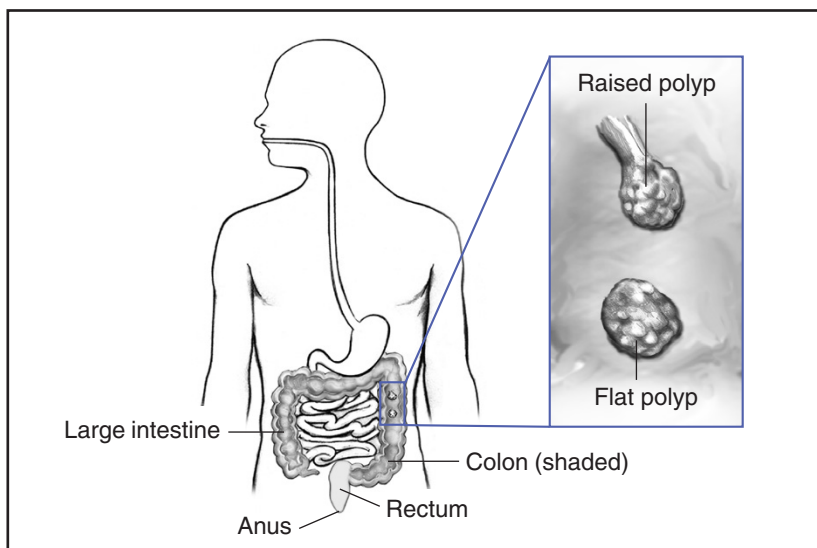
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## What are colon polyps?

**Colon polyps**\* are extra pieces of tissue that grow on the lining of the colon or **rectum**. The colon and rectum are parts of the large **intestine**. The large intestine absorbs water from stool and changes it from a liquid to a solid form. Stool is the solid waste that passes through the rectum and **anus** as a bowel movement.

Colon polyps can be raised or flat. Raised colon polyps are growths shaped like mushrooms. They look as though they are on a stem or stalk. Flat colon polyps look like a bed of moss. Sometimes, a person can have more than one colon polyp.



### Colon polyps

\*See the Pronunciation Guide for tips on how to say the words in **bold** type.

## Colon and Rectal Cancer

Colon and rectal cancer usually start from polyps. Over time, some polyps can become cancerous. Removing polyps can help prevent cancer of the colon and rectum.

Read more at [www.cancer.gov](http://www.cancer.gov).

## Who develops colon polyps?

Anyone can develop colon polyps; however, some people are more likely to develop them than others. You may have a greater chance of developing polyps if

- you're 50 years of age or older
- you've had polyps before
- someone in your family has had polyps or cancer of the colon or rectum

If you're African American, you are more likely to develop cancerous polyps. You are also more likely to develop cancerous polyps before age 50.

People with certain health problems are more likely to develop polyps. You may have a greater chance of developing polyps if you have

- **inflammatory bowel disease**—the general name for diseases that cause inflammation and irritation in the intestines. The most common types of inflammatory bowel disease are **ulcerative colitis** and **Crohn's disease**.
- type 2 diabetes. Diabetes means your blood glucose, also called blood sugar, is too high. Type 2 diabetes, formerly called adult-onset diabetes, is the most common form of diabetes.
- a history of breast, uterine, or ovarian cancer.



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You may have a greater chance of polyps if someone in your family has had polyps.

You may also be more likely to develop colon polyps if you

- weigh too much
- eat a lot of fatty foods; red meats, such as beef and pork; or processed meats, such as bacon, sausage, hot dogs, and lunch meats
- don't exercise
- smoke cigarettes
- drink alcohol

## Who should be screened for colon polyps?

Most people should start colon polyp screening at age 50. African Americans should start screening at age 45. Screening is testing for diseases when you have no symptoms. Finding and removing polyps can help prevent cancer of the colon or rectum.

Your doctor may recommend screening before age 45 or 50 if

- you have symptoms
- someone in your family has had polyps or cancer of the colon or rectum
- you have other factors that increase your chances for developing polyps



## What are the signs and symptoms of colon polyps?

Most people with colon polyps do not have symptoms. However, some people do have signs and symptoms, such as

- bleeding from the rectum. You might notice blood on your underwear or on toilet paper after you've had a bowel movement.
- blood in your stool. Blood can make stool look black, or blood can show up as red streaks in your stool.
- feeling tired because you have **anemia**—fewer red blood cells than normal—and a lack of iron in your body. Bleeding from colon polyps can lead to anemia and a lack of iron.

Many other problems can cause these signs and symptoms. If you have any of these signs or symptoms, see your doctor. If you have bleeding from the rectum or blood in your stool, you should contact your doctor right away.

## How does my doctor know if I have colon polyps?

Your doctor may use the following to find out if you have colon polyps:

- medical and family history
- physical exam
- stool test
- **flexible sigmoidoscopy**
- **colonoscopy**
- **virtual** colonoscopy
- lower **gastrointestinal** (GI) series

Doctors may also find polyps while testing for other problems.

## Medical and Family History

Taking a medical and family history is one of the first things a doctor may do to help determine which test is best for you.

## Physical Exam

After taking a medical and family history, your doctor will perform a physical exam. During a physical exam, a doctor usually

- examines your body
- uses a stethoscope to listen to sounds in your **abdomen**—the area between the chest and hips
- taps on specific areas of your body



## **Stool Test**

A stool test is the analysis of a sample of stool. Your doctor will give you a test kit and instructions. For some tests, you may need to change your diet for a few days before the test. You return the test kit to your doctor or to a commercial facility that will send the sample to a lab for analysis. Stool tests can show the presence of blood or other signs of colon polyps.

## **Flexible Sigmoidoscopy**

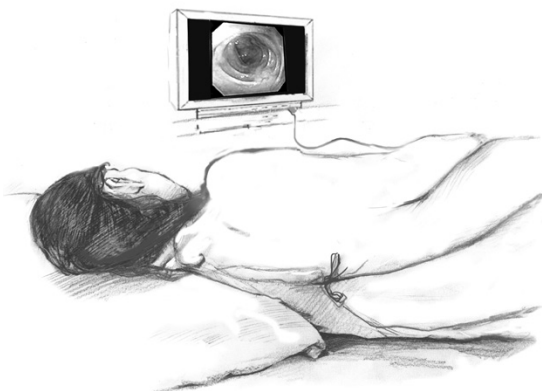
Flexible sigmoidoscopy is a test that uses a flexible, narrow tube with a light and tiny camera on one end to look inside the rectum and the lower colon. This tube is called a sigmoidoscope. The test can show irritated or swollen tissue, ulcers, and polyps. A doctor performs this test at a hospital, a health care facility, or an office. Most people will not need a sedative for the test.

For the test, you will lie on a table while your doctor inserts a flexible tube into your anus. A small camera on the tube sends a video image of the intestinal lining to a computer screen. The tube has a tool that can remove polyps. Your doctor usually removes polyps found during flexible sigmoidoscopy. A pathologist—a doctor who specializes in diagnosing diseases—will check the tissue for cancer.

## Colonoscopy

Colonoscopy is a test that uses a long, flexible, narrow tube with a light and tiny camera on one end to look inside the rectum and entire colon. This tube is called a colonoscope. Colonoscopy can show irritated or swollen tissue, ulcers, and polyps. A **gastroenterologist**—a doctor who specializes in digestive diseases—performs this test at a hospital or an outpatient center. In most cases, you will receive sedation and pain medicines to help you relax for the test.

For the test, you will lie on a table while your doctor inserts a flexible tube into your anus. A small camera on the tube sends a video image of the intestinal lining to a computer screen. The tube has a tool that can remove polyps. Your doctor usually removes polyps found during colonoscopy. A pathologist will check the tissue for cancer.



## Virtual Colonoscopy

This test uses **computerized tomography (CT)** to look inside the rectum and colon. CT machines use a combination of x rays and computer technology to create images. Virtual colonoscopy can show irritated or swollen tissue, ulcers, and polyps. A **radiologist**—a doctor who specializes in medical imaging—performs the test at a hospital or an outpatient center.

For the test, you will lie on a table while the radiologist inserts a thin tube into your anus and rectum. The tube inflates the intestine with air for a better view. The table will slide into a tunnel-shaped device where the radiologist takes x rays.

## Lower Gastrointestinal Series

A lower GI series uses x rays and a chalky liquid called **barium** to look at your large intestine. An x-ray technician performs the test at a hospital or an outpatient center.

For the test, you will lie on a table while your doctor inserts a flexible tube into your anus. A radiologist will fill your large intestine with barium and air, which makes polyps show up more clearly on x rays.

Barium liquid in your GI tract causes stools to be white or light colored for a few days after the test. Your doctor will tell you about eating and drinking after the test.

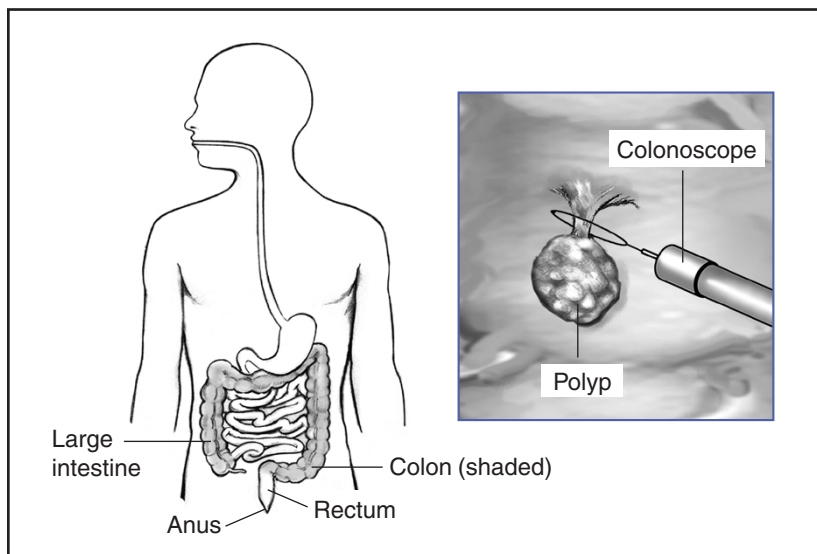
A radiologist will review the x rays and send the results to your doctor.

## How are colon polyps treated?

Doctors treat colon polyps by removing them. In most cases, the doctor uses special tools to remove colon polyps during colonoscopy or flexible sigmoidoscopy. Doctors may use a special method called **endoscopic mucosal resection** to remove some larger polyps, especially large flat polyps. Doctors can remove almost all polyps without surgery.

After the doctor removes polyps, he or she sends them for testing to find out if they are cancerous.

If you have colon polyps, your doctor will ask you to have regular testing in the future.



The doctor uses special tools to remove colon polyps during colonoscopy.



## Seek Immediate Care

If you have any of the following symptoms after the removal of a colon polyp, you should call your doctor immediately:

- severe pain in the abdomen
- fever
- bloody bowel movements that do not improve or bleeding from the anus that does not stop
- dizziness
- weakness

## How can I prevent colon polyps?

Researchers don't know of one sure way to prevent colon polyps. However, you might be able to lower your chances with

- eating, diet, and nutrition changes
- healthy lifestyle choices
- aspirin

### Eating, Diet, and Nutrition

You may lower your chances of developing polyps by

- losing weight if you're overweight
- eating more fruits and vegetables
- eating less fatty food, red meat, and processed meat



Some research suggests that **calcium** and vitamin D may lower your chances of developing polyps. Some foods rich in calcium are milk, cheese, yogurt, and broccoli. Foods that contain vitamin D include eggs, liver, and certain kinds of fish, such as salmon. Some companies add vitamin D to milk and milk products. Also, being outside in the sunlight helps your body make vitamin D. You can also talk with your doctor about taking calcium or vitamin D **supplements**.

For safety reasons, talk with your doctor before using dietary supplements or any other nonmainstream medicine together with or in place of the treatment your doctor prescribes. Read more at [www.ods.od.nih.gov](http://www.ods.od.nih.gov) and [www.nccam.nih.gov](http://www.nccam.nih.gov).

## Healthy Lifestyle Choices

You can make the following healthy lifestyle choices to help lower your chances of colon polyps:

- exercise most days of the week
- don't smoke cigarettes
- avoid drinking alcohol



## Aspirin

Taking a low dose of aspirin every day might help prevent polyps. However, taking aspirin daily may cause side effects, such as bleeding in the stomach or intestines. Talk with your doctor before starting to take aspirin daily.

### Points to Remember

- Colon polyps are extra pieces of tissue that grow on the lining of the colon or rectum.
- Colon and rectal cancer usually start from polyps. Over time, some polyps can become cancerous. Removing polyps can help prevent cancer of the colon and rectum.
- Most people should start colon polyp screening at age 50. African Americans should start screening at age 45. Finding and removing polyps can help prevent cancer of the colon or rectum.

- Most people with colon polyps do not have symptoms.
- Your doctor may use the following to find out if you have colon polyps:
  - medical and family history
  - physical exam
  - stool test
  - flexible sigmoidoscopy
  - colonoscopy
  - virtual colonoscopy
  - lower gastrointestinal (GI) series
- Doctors treat colon polyps by removing them.

## Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK's) Division of Digestive Diseases and Nutrition supports research into digestive conditions, including colon polyps.

Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at [www.nih.gov/health/clinicaltrials](http://www.nih.gov/health/clinicaltrials). For information about current studies, visit [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).

## Pronunciation Guide

**abdomen** (AB-doh-men)

**anemia** (uh-NEE-mee-uh)

**anus** (AY-nuhss)

**barium** (BA-ree-uhm)

**calcium** (KAL-see-uhm)

**colonoscopy** (KOH-lon-OSS-kuh-pee)

**colon polyps** (KOH-lon) (POL-ips)

**computerized tomography** (kom-PYOO-tur-eyezd)  
(toh-MOG-ruh-fee)

**Crohn's disease** (krohnz) (dih-ZEEZ)

**endoscopic mucosal resection** (en-DUH-skuh-pik)  
(myu-KOH-suhl) (rih-SEK-shuhn)

**flexible sigmoidoscopy** (FLEK-suh-buhl)  
(SIG-moy-DOSS-kuh-pee)

**gastroenterologist** (GASS-troh-EN-tur-OL-uh-jist)

**gastrointestinal** (GASS-troh-in-TESS-tin-uhl)

**inflammatory bowel disease** (in-FLAM-uh-toh-ree)  
(boul) (dih-ZEEZ)

**intestine** (in-TESS-tin)

**radiologist** (RAY-dee-OL-uh-jist)

**rectum** (REK-tuhm)

**supplements** (SUH-pluh-muhnts)

**ulcerative colitis** (UHL-sur-uh-tiv) (koh-LY-tiss)

**virtual** (VUR-chuh-wuhl)



## **For More Information**

### **American College of Gastroenterology**

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Fax: 301-263-9025

Email: [info@acg.gi.org](mailto:info@acg.gi.org)

Internet: [www.gi.org](http://www.gi.org)

### **American Gastroenterological Association**

4930 Del Ray Avenue

Bethesda, MD 20814

Phone: 301-654-2055

Fax: 301-654-5920

Email: [member@gastro.org](mailto:member@gastro.org)

Internet: [www.gastro.org](http://www.gastro.org)

### **American Society for Gastrointestinal Endoscopy**

3300 Woodcreek Drive

Downers Grove, IL 60515

Phone: 1-866-353-ASGE (1-866-353-2743)

or 630-573-0600

Fax: 630-963-8332

Email: [info@asge.org](mailto:info@asge.org)

Internet: [www.asge.org](http://www.asge.org)

### **National Cancer Institute**

BG 9609 MCS 9760

9609 Medical Center Drive

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Internet: [www.cancer.gov](http://www.cancer.gov)

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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

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